Acceptable FOC 6/3/09 N

PRINTED: 04/09/2009 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING NVN1959AGC 04/09/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER MASON VALLEY RESIDENCE 705 S STREET YERINGTON, NV 89447 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (FACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) Y 000 **Initial Comments** Y 000 The findings and conclusions of any investigation RECEIVED by the Health Division shall not be construed as prohibiting any criminal or civil invistigations, actions or other claims for relief that may be APR 17 2009 available to any apry under applicable federal. BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA stateor local laws. This statement was generated as a result of an annual State Licensure survey conducted in your facility on 4/9/09. The facility received an annual survey grade of B. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licednsed for 57 Reisdential Facility for Group beds. 45 for elderly and disabled persons and 12 for persons with Alzheimers disease. Category II residents. The census at the time of this survey was 52. Fifteen resident files were reviewed and ten employee files were reviewed. Two discharged resident files were reviewed. The following deficiencies were identified: FMP #5 WILL Report 4-13-05
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copies WILL BO KEPT 449.200(1)(f) Personnel File - Background Y 105 Y 105 Check SS=D NAC 449.200 1. Except as otherwise provided in subsection 2, FOR Review See a separate personnel file must be kept for each member of the staff of a facility and must include: ATTacheD UP SO DOES NOT HAPPEN
Again Copy Attachen
cipation. (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This RULE: is not met as evidenced by:

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Based on record review on 4/9/09, the facility

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(b) Obtain the necessary permits from 6 Bureau of Health Protection Services o Division.  This RULE: is not met as evidenced by Based on observation, record review a interview on 4/9/09, the facility failed to kitchen complied with State standards storage, preparation and distribution of Findings include: -The 3-door freezer and Kitchenaid ref were not on a smooth, non-porous sur -The floor under the freezers and refrig was not clean and mainted cans were not and removed from service.	NVN1959AGC  PROVIDER OR SUPPLIER  VALLEY RESIDENCE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From Page 1  failed to have documentation of compliance with NRS 449.176 to 449.185 for 1 of 10 employees (Employee #5).  Severity: 2 Scope: 1  449.217(6)(a)(b) Permits - Comply with NAC 446  NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. 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Severity: 1 Scope: 3  449.2175(9)(a)(b) Dietary Consultant - More Than 10 Residents  NAC 449.2175  9. A residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who:  (a) Is registered as a dietitian by the Commission on Dietetic Registration.  (b) Is a graduate from an accredited college with a major in food and nutrition and has 2 years of supervisory experience in a medical facility or facility for the dependent or has participated in a course of training for a supervisor of the service	ROVIDER OR SUPPLIER  /ALLEY RESIDENCE  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From Page 3  449.2175(5) Service of Food - Substitutions  NAC 449.2175  5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. 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	NAC 449.2175  10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include:  (a) The development and review of weekly menus.  (b) Training for the employees who work in the kitchen.  (c) Advice regarding compliance with the nutritional program of the facility.  (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility.		es not The written e facility.  ekly ek in the ne viding the service of acility is in		DIETICIAN WITH  SITE FOR CON- H-16-09 FOR IN REWIEW ON A FUTULE PLANA CLASSES FOLLOW UP  SULP DIETIC FOR QUETTER I	Nenvi	AND

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